

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7127
Registrar's No. 405

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 6076		Registrar's No. 405	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (In this place) <u>215 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville</u>		6120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Vet. Admin. Hosp. Jeff. Brks. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>616 W. Morgan</u>			
3. NAME OF DECEASED (Type or Print) <u>Peter</u>		a. (First)		b. (Middle) <u>Daenzlinger</u>		c. (Last)	
4. DATE OF DEATH <u>February 14, 1950</u>		(Month) (Day) (Year)					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W.H.G.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>February 7, 1897</u>	
9. AGE (In years last birthday) <u>53</u>		# UNDER 1 YEAR Months Days		# UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Belleville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Daenzlinger</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Annabell Daenzlinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hospital Records, Jeff. Brks. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF BRONCHUS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162X				INTERVAL BETWEEN ONSET AND DEATH <u>14 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 15, 1949</u> , to <u>February 14, 1950</u> , that the <u>the</u> death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.E. Stowell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>JEFF. BRKS. MO</u>		23c. DATE SIGNED <u>2/14/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BRKS. MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 15 1950</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HOFFMEISTER U&L Co. 7814 S. Bdw. St. Louis, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Linus P. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.